

COUNTY INDIGENT HEALTH CARE PROGRAM MONTHLY FINANCIAL REPORT

County Name	ARANSAS	Rep	ort for (Month/Y	ear) _	04/2012	
	Amendment of	the Rep	or ort for (Month/Y	ear) _		
I. REIMBURSABLE E	XPENDITURES during This R	Report M	onth			
Physician Services		1.	\$10,768.85			
Prescription Drugs		2.	\$15,547.66			
Hospital, Inpatient Services		3.	\$4,263.38			
Hospital, Outpatient Services		4.	\$25,963.95			
Laboratory/X-Ray Services		5.	\$3,078.75			
Skilled Nursing Facility Services		6.	\$0.00			
Family Planning Services		7.	\$0.00			
Rural Health Clinic Services		8.	\$3,513.00			
State Hospital Contracts		9.	\$0.00			
Optional Health Care Services		10.	\$2,050.38			
Total Expenditures (Add #1 through #10.)				11.	\$65,185.97	
Reimbursements Received (Do not include State Assistance.)		12. (\$6,015.45			
6% Eligibility System Review Findings (\$ in error)		13. (\$0.00			
Total to be Deducted (Add #12 + #13.)				14. (\$6,015.45)	
Applied to State Assistance Eligibility/Reimbursement (#11 minus #14)			15.	\$59,170.52		
II. EXPENDITURE TE	RACKING for State Assistanc	e Funds	Eligibility/Rein	nbursem	nent	
TOTAL EXPENDITURES for Current State Fiscal Year (9/1 - 8/31) \$				357,	357,664.16	
GRTL \$	7,649,419.00				74	
		6% of GRTL \$			458,965.14	
8% of GRTL \$			611,953.52			
Camala.	Anich			0.5	24/2042	
Signa	ature of Person Submitting Form 105				01/2012 Date	